

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	RSD		2/12/01
FORMALITY REVIEW	SM	879	03-12-01
RESPONSE FORMALITY REVIEW	m	905	1/15/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	1-10/2-01
Original	1-10/2-01
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Claim	Date
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Original	1-10/2-01
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Claim	Date
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If more than 150 claims or 10 actions  
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